RE AND TITLE OF AUTHORIST FOR SPECIAL EXPENSES

ACCOUNTING USE ONLY PAID FOR BY REVOLVING CHECK NUMBER 16. I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in/the service of the State of California. If a privately-owned vehicle was used, and if mileage rates exceed the minimum ate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by S Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage. SIGNATURE OF AFFICER APPROVING TRAVEL AND PAYMENT 4.21.10 DMINISTRATIVE SERVICES OFFICER c262 c06.pd Destroy Previous Editions